Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I (Column 1)					(Colui	mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
ТО	TAL CLAIMS		10				ľ	RATE	FEE		RATE	FEE
FOR NUMBE				ILED	NUMBI	ER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS // /				us 20=	*	0		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 2 minus 3 =				.0			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	ı	TOTAL		OR	TOTAL	110
CLAIMS AS AMENDED - PAR'						(Column 2)		SMALL E	NTITY	OR	OTHER SMALL	
		(Column 1) CLAIMS	***	(Colu		(Column 3)	r	OIII/ALL I	ADDI-	ı I		ADDI-
ENT A		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL	j	RATE	TIONAL FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	I CLAIM			+135=		OR	+270=	
								TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE		•	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	HEST MBER IOUSLY OFOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**	4	=		X\$ 9=		OR	X\$18=	
AMEN	Independent		Minus	***	T 01 4114	=		X40=		OR	X80=	
-	FIRST PRESE	NTATION OF M	OLTIPLE DE	PENDEN	CLAIM]	+135=		OR	+270=	
							į	TOTAL ADDIT. FEE	÷	OR	TOTAL ADDIT. FEE	
	,	(Column 1)			ımn 2)	(Column 3)		ADDIT: TEE		_	7,501	•
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF W	IULTIPLE DE	PENDEN	IT CLAIM		1	. 105		,	1070	
	If the entry in colu	ımn 1 is less than t	the entry in col	umn 2. wri	te "0" in c	olumn 3.		+135=		OR	+270=	<u> </u>
	If the "Highest Nu "If the "Highest Nu	imber Previously F imber Previously F inber Previously Pa	Paid For" IN TH Paid For" IN TH	IS SPACE	is less the is less th	an 20, enter "20 an 3, enter "3."		TOTAL ADDIT. FEE	proprieto ba	OR	TOTAL ADDIT. FEE	

App. No./Pat No.	Check A	Amt. #1		Fee Code	Fee Amt.	Paper #
09/837 351]			
Atty Docket No./Cust. No.						
TPGOTE	Check	Amt. #2				
Paper Rec'd Date			1			
raper need but			1			
11/22/04	Donos	it Acct.	1			
Form Completed			-			
12/7/04	09-6	0525]			
, , ,						
	Credit Card	(See attached)				
					<u> </u>	<u> </u>
7	Refund	(See attached)				
<i>;</i>	(PTO Employee - plea	ase circle the code(s)				
	and amount(s) to be r	efunded/credited)				
	_ 		٦.	· · · · · ·	Τ̈́o	
Change App No /Pat No.	F	rom		<u> </u>	- 0. /2	<u> </u>
	09/8378	5/		(94/837 <u>3</u>	5/
						
		<u> </u>		1147		
Change Fee Code	From Code	Amount	7	To Code	Amount	Pæjer#
Change Fee Code	From Code			To Code	Amount	Pæ)er#
Change Fee Code	From Code 14 5 3	Amount		To Code 14.53	Amount	Pæjer#
Change Fee Code	From Code 1.9 5.3 470 57			To Code	Amount	Paler
Change Fee Code	From Code 14 5 3			To Code 1453	Amount	Paler #
Change Fee Code	1453			To Code	Amount 1370	Peler
Change Fee Code	From Code 1953 4057	1370. 		19.53	1370	
Change Fee Code	1453			1453	1370	Peter
Change Fee Code	1453	1370. 		19.53	1370	
Change Fee Code	1453	1370. 		19.53	1370	
Change Fee Code Special Instructions:	1453	1370. 		19.53	1370	
	1453	1370. 		19.53	1379	
	1953	1370. 		19.53	1379	
	1453	1370. 		19.53	1379	

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